

NEBRASKA DDD/MLTC WAIVER WORKGROUP: HEALTH AND SAFETY
MARCH 03, 2016

Participants: Sue Spitsner, Carla Lasley, Deb Rupe, Rose Wozny, Mary Schutt, Pam hovis, Ladonaa K Shippen, Donna Nickel, Sherry Jameson, Doshie Rodgers, Doug Raney, Ellen Mohling, Alan Zavodny, Kathy Kay, Katie Weidner, Scott Hartz, Shelia Krolikowski, Michelle Waller, Darla Ramsey,

Notes Recorder: Bernie Hascall

Next Meeting (date/time): 03/17/2016

Agenda: Review of Current Monitoring Process

- Welcome of new team members
 - Brief discussion and questions of APS/CPS
 - Brief discussion and questions of Public Health surveyor (if available)

- Discussion of DDD and A&D Appendix G Gap analysis
 - Review of DDD monitoring sources
 - Therap General Event Reports
 - Service Coordination Monitoring Form
 - Health & Safety section
 - Home/Work Environment
 - Health Risk Screens (Process overview with DD nurse(s))
 - Discussion of A&D Health and Safety information process

Topic	Person Responsible	Discussion	Action Item
APS/CPS	Katie Weidner	Provided an overview of the typical APS/CPS response to allegations of abuse/neglect	Provide a visual flow chart of the typical response process.
Therap-GERs	All Group Members	Overview of the General Event Reports through Therap	None at this time.

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Service Coordination	All Group Members	<p>Overview of the SC Monitoring Tool and process in place when concerns are raised based on the tool.</p> <p>The SC Monitoring Tool is intended to be more interactive not just a checklist. The intent is to build rapport, making individuals feel safe in the process which is hoped will increase trust to share concerns.</p> <p>The Monitoring Tool is completed in person and to be used as an opportunity for the SC to look around the environment and assess- is it clean? Any health or safety concerns? Is it comfortable?</p> <p>When there are concerns SCs take them to the provider within 3 days. Providers then respond to the concern within 10 days.</p> <p>When a written response is received the SC reviews the response and uploads the response to Share Point if the concerns was adequately addressed. If it has not been adequately addressed then the issue is referred up the chain of command and could be referred over to the Surveyors for review and follow up.</p>	None at this time.
Health Risk Screens	All Group Members	<p>Health Screens: There are 3 Health Risk Screens. These Health Risk Screens will be completed for everyone in services. They will be used to identify/prioritize the individuals. These Health Risk Screens are completed before the IPP by SCs, CCSs and providers/care givers. Done annually- this</p>	None at this time.

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		<p>data will be entered into therap. The questions are weighted which will assist with prioritization and follow-up. At this time the plan is to meet with representatives from Therap to ensure that these Health Risk Screens can be entered directly into therap.</p> <p>Will training be offered regarding completing the Health Risk Screens? Yes Omni will provide that training.</p> <p>Additionally there will be more modules added to Therap regarding health issues and data to assist with tracking health outcomes.</p>	
A&D Waiver-Health and Safety Information Process	All Group members	Reviewed Incident Reporting Process for the A&D waiver. See incident report form from CONNECT. Also review the A&D waiver QI processes. They can be found at http://dhhs.ne.gov/Pages/HCBS-Processes.aspx .	None at this time.
Waiver Application	Bernie/All Group Members	Provide the waiver application so the work group can begin reviewing the application and capturing what the current practices are so the waiver application can accurately reflect them	Bernie to provide electronic copy of the waiver sections applicable to the Health and Safety Work Group to review for point of reference.

Focus of the workgroup meeting was reviewing current processes currently in use in the DD waivers and A&D waiver. Next meeting agenda items: Focus on reviewing the current DD waiver application/NDHHS responses for group feedback/discussion.

Considerations for 2017: Will the health Risk Screens link in any way to the ICAP? Will this link to rate methodology as it relates to medical risk?